

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AD FLD		AFFIDAVIT AFFIDAVIT		AFFIDAVIT AFFIDAVIT	
	CID	DEP	CID	DEP	CID	DEP
1	1					
2						
3						
4						
5						
6						
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46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	13					
TOTAL CLAIMS	14					

	AD FLD		AFFIDAVIT AFFIDAVIT		AFFIDAVIT AFFIDAVIT	
	CID	DEP	CID	DEP	CID	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						